

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107521109

FILING DATE

APPLICANT(S)

3-12-01 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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44			/		/	
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47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND.			13		13	
TOTAL DEP.			27		27	
TOTAL CLAIMS			40		40	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					13	
TOTAL DEP.					27	
TOTAL CLAIMS			40		40	